

AMENDMENT ATTACHED

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Apache

BUREAU OF VITAL STATISTICS

State Index No. 1

District of Eagar

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 37

Town of Eagar

Local Registrar's No. 5

City of \_\_\_\_\_

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

Full Name of Child Maryl Brown

Born ☒ YES  
Alive ☐ NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Girl Twin, Triplet or other ☒ and Number in order of birth 4 Legitimate? yes Date of Birth 3 2 1922  
(Month) (Day) (Yr.)

FATHER  
Full Name Steven Brown  
Residence Eagar Arizona  
Color or Race White Age at last Birthday 30 (Years)  
Birthplace New Mexico  
Occupation Farmer

MOTHER  
Full Maiden Name Tenn Clesly  
Residence Eagar Arizona  
Color or Race White Age at last Birthday 25 (Years)  
Birthplace Utah  
Occupation \_\_\_\_\_

Number of child of this mother... 4 Number of children, of this mother, now living... 3 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on March 2 1922 at 6 am

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Mrs W T Leavens R N  
(Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address Eagar Arizona

Filed Mar 31 1922

E. J. Adall  
LOCAL REGISTRAR.

425-302-638  
COUNTY REGISTRAR.

Filed April 2 1922

A True Copy  
P. Paul  
COUNTY REGISTRAR.  
CO. SUP. OF HEALTH